



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863  
Facsimile: 305 861-1302

Internet: [www.townofsurfsidefl.gov](http://www.townofsurfsidefl.gov)

### OCCUPATIONAL LICENSE APPLICATION

NEW ☐ RENEWAL ☐

License Year:

TRANSFER: LOCATION ☐ OR OWNERSHIP ☐

Oct. 1, \_\_\_\_ to Sept. 30, \_\_\_\_

### TO EXPEDITE YOUR APPLICATION, KINDLY ANSWER ALL QUESTIONS

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME AND ADDRESS: \_\_\_\_\_

APPLICANT RELATIONSHIP TO BUSINESS: \_\_\_\_\_

DATE OF INCEPTION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

#### IF BUSINESS IS A FIRM OR CORPORATION please list:

DIRECTOR/OFFICER

TITLE

HOME ADDRESS

PHONE #


#### INFORMATION ON PERSONS WHO WILL MANAGE, CONTROL OR DIRECT THE BUSINESS TO BE TRANSACTED:

Name

Social Security No.

Drivers License #

Phone #


#### EMERGENCY LOCATOR INFORMATION:

Name

Address

Phone #

Cell or other Phone #


**BUSINESS INFORMATION:** Please describe type of business, profession or occupation: \_\_\_\_\_

\_\_\_\_\_

Square Feet of business location \_\_\_\_\_

State and/or Federal License: # \_\_\_\_\_, # \_\_\_\_\_ (Please submit copies)

**INFORMATION FOR DETERMINATION OF OCCUPATIONAL LICENSE TAX:**

**INSURANCE COMPANY/OFFICE** \_\_\_\_\_

# Adjusters \_\_\_\_\_  
# Agents \_\_\_\_\_  
# Brokers \_\_\_\_\_  
# Salespersons \_\_\_\_\_

**REAL ESTATE OFFICE** \_\_\_\_\_

# Brokers \_\_\_\_\_  
# Salespersons \_\_\_\_\_

**STOCK BROKERS \*\*\*** \_\_\_\_\_

Full Service Office/Discount \_\_\_\_\_  
# Brokers \_\_\_\_\_  
# Salespersons \_\_\_\_\_

**FINANCIAL INSTITUTION** \_\_\_\_\_

# Teller Machine(s) \_\_\_\_\_

**RESTAURANT, SODA FOUNTAIN, DELI, ESTABLISHMENT  
SERVING FOOD ON PREMISES:** (Please provide grease  
interception permit)

# Seats \_\_\_\_\_  
☐ **BEER/WINE FOR CONSUMPTION**  
☐ on premises ☐ off premises

**TAKE OUT FOOD**

☐ Operated Separately ☐ Operated with other License

**COIN OPERATED MACHINES**

Master Laundry License \_\_\_\_\_  
# Laundry Equipment \_\_\_\_\_  
# Laundry Disp. Equipment \_\_\_\_\_

**JEWELRY:** Value of Inventory \_\_\_\_\_

**FOOD:** Value of Inventory \_\_\_\_\_

\* SMOKE DETECTOR REPORT REQUIRED

**\*APARTMENT BUILDINGS** \_\_\_\_\_

# Units \_\_\_\_\_  
# Rooms \_\_\_\_\_

**\*HOTEL/MOTEL** \_\_\_\_\_

# Units \_\_\_\_\_  
# Rooms \_\_\_\_\_

**\*SUITE HOTEL/MOTEL** \_\_\_\_\_

# Suite Units \_\_\_\_\_  
# Hotel/Motel Units \_\_\_\_\_

**MERCHANDISE DISPENSING MACHINES**

# Machines \_\_\_\_\_

**AMUSEMENT MACHINES**

# Machines \_\_\_\_\_

**CARD/COING OPERATED/TELEPHONE**

# Inside \_\_\_\_\_ # Outside \_\_\_\_\_

**PROFESSIONAL OFFICE \*\*\***

# Doctors \_\_\_\_\_  
# Dentists \_\_\_\_\_  
# Optometrists \_\_\_\_\_  
# Therapists \_\_\_\_\_  
Others not listed: \_\_\_\_\_

**BEAUTY SALON/BARBER \*\*\***

# Stylists \_\_\_\_\_  
# Manicurist \_\_\_\_\_  
Other \_\_\_\_\_ # \_\_\_\_\_

**SERVICE AGENCY**

# Employees \_\_\_\_\_

\*\*\* PLEASE SUBMIT COPIES OF LICENSE WITH APPLICATION

**BUSINESS, PROFESSION OR OCCUPATION NOT SPECIFICALLY NAMED MUST BE DESCRIBED INCLUDING THE NATURE OF  
THE BUSINESS TO BE CONDUCTED IN THE TOWN FOR PROPER CLASSIFICATION AND ASSESSMENT OF FEES:**

**AS PROVIDED BY THE TOWN CODE, THE UNDERSIGNED HAS CAREFULLY REVIEWED THIS APPLICATION AND  
ALL INFORMATION CONTAINED HEREIN HAS BEEN FREELY AND VOLUNTARILY PROVIDED ADDITIONALLY, ALL  
FACTS, FIGURES AND STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**OFFICE USE ONLY**

License Clasification(s) \_\_\_\_\_

Comments: \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

\_\_\_\_\_  
Town Manager / Date